

## CRISP Clearinghouse Pilot: Lessons Learned

September 18, 2018

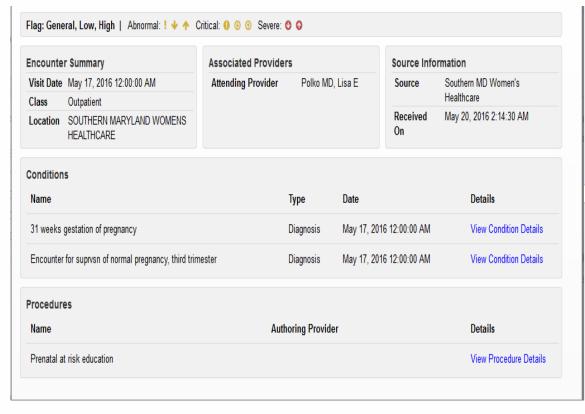
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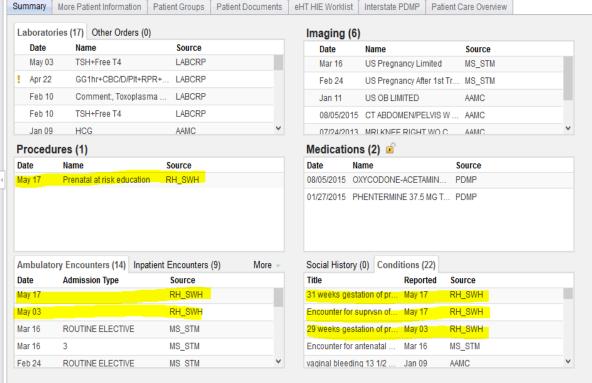
# Pilot Overview:

- Goal: Determine the feasibility of capturing financial claims data and converting the files into usable clinical data available that can be leveraged by multiple CRISP services (Query Portal / ENS)
- Pilot Dates: February 2016 June 2017
- Pilot Practices: 40
- Claims Received: Claims data from 14 practices / 28 Providers / 5100 transactions

# Pilot Assessment:

 Financial Claims data can be leveraged to augment clinical data through the query portal (examples below):







- Financial Claims data can be leveraged to generate Event
   Notifications to care managers and the provider community
  - NOTE: Average data delay was 48 hours.

 Financial claims data can be used similar to an ADT message for auto-subscription of patients (used for Relationship management and privacy features - "break glass")



### Pilot Assessment (Cont.):

- Financial Claims data is limited when it comes to provider information. Examples:
  - Limited data in claim to identify provider type (PCP, Specialist) and practice location (if multiple locations)
- Multiple EHNs means data from one practice may not be complete.
  - NOTE: collecting only some data from a location / practice could actually create inefficiencies for care managers



### Opinions on Identified Barriers:

#### Addressing consumer consent policies

 From a CRISP perspective data received for purposes of the pilot was treated the same way clinical data is treated. All consent policies applied.

#### Addressing provider participation options

 CRISP required provider / practice consent to send data through the EHN, but as a BAA of the practice through the participation agreement this was not necessary.

#### Privacy concerns

- The CRISP Participation agreement requires practices to filter sensitive / protected health information.
- This could be a concern if CRISP is to filter data that should not have been shared.
- Special agreements are required if sharing data protected under 42 CFR part 2



## Opinions on Identified Barriers:

- Coordination of data transfers from multiple EHNs:
  - CRISP already accepts data from over 1500 locations (including large hospital systems and payers). At most this would translate into a large project. Recently we turned on over 40 net new hospitals in WV within 6 months.
- Ability to accept / process / store 60M new messages
  - CRISP processed ~6M records between 9/3/18 and 9/9/18. 60M annually equates
    to a 20% increase. CRISP is already building infrastructures to handle this type of
    volume.
  - Additional thoughts: Would need to decide how often CRISP purges old claim data (18 months) to ensure system performance and relevancy.



## **Questions and Discussion**

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